## PART B - FEE(S) TRANSMITTAL

te and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450



(703) 746-4000 or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further coi indicated unless corrected maintenance fee notification	rrespondence including the libelow or directed otherwise as.	in Block 1, by (a)	ers and notifica specifying a no	tion w co	of maintenance fees vorrespondence address	vill be mailed; and/or (b) in	to the current idicating a sepa	correspondence address as rate "FEE ADDRESS" for
CURRENT CORRESPONDENCE	CE ADDRESS (Note: Use Block 1 for 06/09/2005	any change of address	1 9 2005	123	Note: A certificate of Fee(s) Transmittal. The papers. Each additional have its own certificate.	mailing can dis certificate cal paper, such e of mailing of	only be used for annot be used to as an assignment transmission.	or domestic mailings of the for any other accompanying ant or formal drawing, must
USDA, ARS, OT 5601 SUNNYSIDI RM 4-1159 BELTSVILLE, MI	12,	WATRANCAS	3	Certificate of Mailing or Transmission  I hereby certify that this Fec(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.				
08/22/2005 WABDELR3 00000139 502134 09838382					Colleen A	$\overline{}$	neena	(Depositor's name) (Signature)
01 FC:1501				8-18-05			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INV			NTOR ATTORNEY DOCKET NO			CONFIRMATION NO.
09/838,382	04/20/2001		Harry D. Dan	ıforth	1	0100.00		9258
FITLE OF INVENTION: PRODUCTION OF AN IMMUNOVARIANT STRAIN OF EIMERIA MAXIMA CONTRIBUTES TO STRAIN CROSS-PROTECTION WITH OTHER EIMERIA MAXIMAS								
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE PUBLICATION FEE			TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	NO	\$1400			\$0	\$1	400	09/09/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		ļ		
HINES, JANA A		1645		435-258100				
<ul> <li>Change of correspondence address or indication of "Fee Addres CFR 1.363).</li> <li>Change of correspondence address (or Change of Correspondence address form PTO/SB/122) attached.</li> <li>"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cus Number is required.</li> </ul>			(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  The United States of America, as Represented Washington, D.C. by the Secretary of Agriculture  Please see PTOLB Continuation(attached)  Please check the appropriate assignee category or categories (will not be printed on the patent):								
4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.								
Publication Fee (No s	☐ Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # o	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2134 (enclose an extra copy of this form).							
	(from status indicated above MALL ENTITY status. See	· .	b. Applicant	is no	longer claiming SMA	LL ENTITY s	tatus. See 37 Cl	FR 1.27(g)(2).
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature	Zvelyn M.	Rakin	<u> </u>		Date	Lugus	\$17,	2005
Typed or printed name _			Registration	No. 4	4,480			
This collection of information	on is required by 37 CFR 1.3	11. The information	is required to of	btain	or retain a benefit by t	he public whi	ch is to file (and	by the USPTO to process)

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

1 2



## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT

## 1.) (A) NAME OF ASSIGNEE:

University of Guelph Business Development Office, Unit 4 130 Research Lane, Guelph, Ontario, N1G 5G3, Canada

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Canada

☑ Corporation or other private group entity